

U.S. DEPARTMENT OF ENERGY LEAVE DONATION

(SUBMIT COMPLETED AND SIGNED ORIGINAL FORM TO YOUR TIMEKEEPER)

Donor's Name (Last, First, M.I.):

SSN:

Donor's Organization:

Recipient's Name:

Recipient's Organization:

For Non-DOE Recipients. Enter the Mailing Address of Recipient's Payroll Office:

I hereby authorize the transfer of ____ hours of my Annual Leave to the above named leave recipient. I certify that I am scheduled to work at least that many hours before the end of the year and that the leave recipient is not my supervisor.

Donor's Signature _____ Date _____

Check here _____ to donate restored leave. (If the donation is greater than the amount of restored leave to your credit, the remainder will be deducted from your regular leave account.)

FOR PAYROLL USE

____ HOURS OF LEAVE HAS BEEN DEDUCTED FROM DONOR'S ACCOUNT.

Name of Payroll Clerk

FTS Phone #:

Signature of Payroll Clerk _____ Date _____

____ HOURS OF LEAVE HAS BEEN DEDUCTED FROM DONOR'S ACCOUNT.

Name of Payroll Clerk

FTS Phone #:

Signature of Payroll Clerk _____ Date _____

Acceptance of this document is necessary to avoid placing the recipient on leave without pay, and the limitations imposed by 5 CFR 630.908 are therefore waived.

Chief of Payroll: _____ Date: _____

Privacy Act Statement

5 U.S.C. 6311 authorizes collection of this information. It will be used to transfer leave from your account to the recipient's account in accordance with your instructions on the form. Your social security number is requested solely for the purpose of positively identifying leave donors, so that donated leave can be charged to the proper account.